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SOME  
OBSERVATIONS  
ON THE PRESENT  
*EPIDEMIC CATARRHAL FEVER,*  
OR  
INFLUENZA:  
CHIEFLY IN RELATION  
TO ITS  
MODE OF TREATMENT.  
To which are subjoined,  
*HISTORICAL ABSTRACTS*  
CONCERNING THE CATARRHAL FEVERS OF  
1762, 1775, and 1782.

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BY RICHARD PEARSON, M. D.

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## ADVERTISEMENT.

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*TO acquire a just and accurate knowledge of any disorder, but more especially of an Epidemic Disorder, it is necessary to examine diligently its essential symptoms, and to watch the changes produced by different and opposite modes of treatment. These objects we have kept in view ever since the first appearance of the present Catarrhal Fever: And thus we think we have been enabled to ascertain what is generally salutary, and generally hurtful in this complaint.*

*It is our intention to publish a continuation of these remarks, to which we shall gladly add those of other practitioners, who may be inclined to favor us with communications on this subject, whether their observations coincide with our own or not.*

*Historical Abstracts of the Catarrhal Fevers of 1762, 1775, and 1782, have been subjoined by way of Appendix. By comparing their symptoms with those of the present Catarrhal Fever, the reader will easily trace the general similitude, as well as the particular shades of difference between each of these Epidemics.*

Bloomsbury-square,

March 12th, 1803.

OBSERVATIONS  
ON THE  
EPIDEMIC CATARRHAL FEVER,  
OR  
INFLUENZA.

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THE year 1762 was remarkable for a Catarrhal Fever, of which we have an elegant description by Sir George Baker. A similar epidemic prevailed in 1775, and is described in the 6th Volume of the Medical Observations and Inquiries; and respecting that which was so general in 1782, the fullest information is to be found in the 1st Volume of the Medical Communications, in the 9th Volume of Dr. Duncan's Medical Commentaries, and in the 3d Volume of Dr. Simmons's Medical Journal.\*

\* Also in a separate tract, by Dr. Falconer, of Bath. We purposely avoid multiplying references; otherwise a long catalogue of foreign and domestic writers on this subject might easily be drawn out.

On comparing the symptoms of these several epidemics with one another, and with the symptoms by which the present Catarrhal Fever is characterized; it will be seen that, in their principal features, they bear the closest resemblance; insomuch that the history of one becomes, in a great measure, the history of all.\* Instead, therefore, of entering into a minute and circumstantial detail of the present Influenza, we shall content ourselves with describing its most general form, referring to the authorities before-mentioned for particulars concerning the endless varieties and anomalies which these epidemics are wont to exhibit.

The Catarrhal Fever, or Influenza, which is now spreading itself over the whole metropolis, and will probably soon make its way to every part of the kingdom,† first shewed itself here towards

\* It is to be remarked, however, that the Catarrhal Fever of 1762 was of a more inflammatory character than the present. On the other hand, the Influenza of 1782, which prevailed in the months of May and June, had, in general, less of the catarrhal affection, and more of low fever, than the present epidemic.

† The Influenza of 1762, which showed itself in London in

the end of the last month (February) when a damp and mild state of the atmosphere had succeeded to severe cold. This again has been followed by frost and keen easterly winds during the first part of the present month (March.)\* Like all similar preceding epidemics, the present Influenza has exhibited various degrees of morbid affection; having been in some instances so slight as not to

the beginning of April, did not reach Edinburgh till the beginning of May, nor some parts of Cumberland till the end of June. The Influenza of 1775, which began in London in the month of October, spread to Dorchester, Exeter, Birmingham, York, Chester and Worcester, in the month of November. It lasted about four or five weeks in each place.

The Influenza of 1782 first appeared in London about the middle of May; at Exeter at the end of that month; at Newcastle-upon-Tyne and at Edinburgh, in the beginning of June.

\* Between these epidemics, and the condition of the atmosphere, there seems to be a connexion different from that which depends upon a mere alteration of temperature, or of dryness and moisture; but what that peculiar connexion is, we shall not attempt to explain. Yet it is proper to notice the changes of temperature, and other sensible qualities of the atmosphere, as giving rise to the predominance of a certain set of symptoms at one time more than another. Thus in frosty weather, and during northerly and easterly winds, the catarrhal, or peripneumonic affection, will be most conspicuous, while in warm weather, and during westerly and southerly winds, the head-ach, sickness, and disordered bowels, will be the most urgent symptoms.



incapacitate persons from continuing their ordinary occupations and pursuits, and scarcely to require the aid of medicine, while in others the attack has been of such a malignant nature, as to endanger and even destroy life.

The following is its most frequent mode of attack. After some alternations of chilliness and heat, the patient is seized with a heaviness or pain of the head, with sneezing, wateriness of the eyes, hoarseness and cough. These symptoms come on in the order here stated. In the course of a few hours the headach increases, the skin becomes hot, with a pain in the back and limbs, or transitory stitches across the chest. The tongue is white; the pulse quick or frequent, and for the most part soft. There is more or less of sickness at the stomach, and sometimes vomiting. The bowels are generally costive; and considerable uneasiness, often amounting to great pain, is felt in some part of the abdomen. By the 2d or 3d night, the cough and fever become greatly aggravated. The former, viz. the cough, is strong and incessant, sometimes dry, but generally accompanied (even at its first coming on) with an ex-

pectoration of thin, sharp mucus: The latter, viz. the fever, is attended with increased heat, and with extreme restlessness and anxiety. There is also some confusion of the head. At this time the pulse is often from 110 to 120. In the morning there is a considerable remission of the febrile symptoms; but the cough still continues urgent, and the patient complains of excessive languor and dejection of spirits.

After the 4th or 5th day, where early perspirations have come on, or sufficient evacuations have been procured by the bowels, the fever declines; and although the cough continues, the expectoration is more free, the sputum being of a thicker consistence, and milder quality. The urine, which before was high-coloured and clear, now becomes turbid, or throws down a sediment. In other instances the cough goes off without any remarkable degree of expectoration.

The lassitude and depression of spirits, with restless nights, harass the patients for many days after the decline of the fever; which indeed, in several instances, does not entirely go off after the 5th day, but becomes intermittent, the patient feeling himself worse every other day.

Such is the most common form of this epidemic. Its modifications, however, as we have before observed, are extremely numerous; so that in some there is a violent headach, with little catarrhal affection; in others a sore throat; in others a peripneumonic condition; and in others a disordered state of the stomach and bowels.\* These, and other varieties, have been particularly noticed in the histories of former epidemic catarrhal fevers, to which, (in order to avoid repetition) the reader is referred.

From this sketch of the disorder, it is evident that this epidemic differs from a common catarrh, in the *degree and kind of fever* with which it is accompanied; and that, as it is the fever which constitutes the essence of this disease, and not the catarrh, it should be denominated *Epidemic Catarrhal Fever*, or *SYNOCHUS Catarrhalis*, and not simply Epidemic Catarrh.† Its infectious nature can scarcely be doubted; but how long its contagion is capable of being applied before it takes

\* The stools are more or less bilious in all instances. In some they are of a very dark colour, and extremely offensive.

† In certain situations, the fever degenerates into the typhus kind.

effect, and what are the circumstances most favourable to its action, are points which have not yet been duly investigated.

As it is the fever which constitutes the essence of this disease, our first attention should be directed to it, and not to the cough (except when it is accompanied with a true peripneumony); otherwise, by prescribing only for one of its symptoms, we shall make but little impression upon the general morbid affection.

We are not therefore to begin the cure with pectoral medicines, but with such remedies as are capable of acting upon the system at large, through the medium of the stomach and intestinal canal. Such are emetics, and mercurial and antimonial cathartics.

A bad taste in the mouth, oppression about the epigastric region, and nausea, indicate the use of an emetic; which, however, may not be necessary, where those symptoms are wanting. Whether an emetic be administered or not, the bowels should be moved by a dose of calomel, joined with about half its weight of the Pulv. Antimonialis Ph. Lond.

If, after some hours, this medicine shall not appear to be sufficiently active, its operation should be promoted by a solution of the kali tartarisatum, or any other neutral salt; the patient all the while diluting freely with some tepid mucilaginous drink.

Before the purgative operation takes place, this combination of calomel and antimonial powder produces a marked effect upon the skin, and a general diaphoresis breaks out: Nor does this appear to be checked in any considerable degree by the subsequent discharge from the bowels; before the coming on of which, a pediluvium may sometimes be used with advantage.

As the calomel and antimonial powder produce their effect, the headach, oppression, and heat of the skin, abate: The cough, however, and dyspnœa, are little altered, and require the application of a blister. They are also further relieved by draughts composed of aqua ammoniæ acetatæ, and æther, mixed with a proper quantity of common water, or mint water.\*

\* The inhalation of æther-vapour is not so beneficial in this epidemic as it is in simple catarrh. Where, however, the cough is dry, and the dyspnœa urgent, without being accom-



After evacuations by stool have been procured, opiates afford relief; but they must be prescribed in very small quantities; a full dose producing great mischief in this stage of the disorder. The *syrupus papav. alb.* is a convenient preparation. Of this one drachm may be given to an adult, joined with 5 or 6 drops of the *tinctura opii*. To young persons a double quantity of the syrup may be given, without the opiate tincture.\*

The day after the operation of the mercurial and antimonial purge, the patient should drink freely of a solution of crystals of tartar in common water; unless (a circumstance which we have rarely observed in the present epidemic) a loose state of the bowels should come on.†

The solution of this acidulous salt (the crystals of tartar) forms a pleasant and refreshing beverage, and, in cases of peripneumonic inflammation, it may be resorted to with advantage.

\* The dose of the opiate tincture may be increased towards the decline of the fever; but, even in the advanced stage of the complaint, it will seldom be proper to exceed 15 drops. I wish to call the attention of practitioners to the difference between small and large doses of opium in this epidemic.

† In that case the spontaneous evacuation is not to be checked. Plentiful dilution, with blisters, and mild opiates, will form the whole of the cure.

and, along with its beneficial action upon the bowels, promotes a flow of urine; a mode of operation which contributes in no small degree to the removal of the fever.

Where the bowels are not readily acted upon by the medicines above-mentioned, it will be necessary to have recourse to clysters; which, indeed, are almost indispensable in the case of children.

In the course of this disorder, the calomel should be repeated 2 or 3 times, without the antimonial,\* and in smaller doses.

To promote expectoration, squill, in some form or other, will now be proper. It may be joined with the aq. ammon. acetat. and with æther; but all oily medicines, and the common pectoral emulsions, are improper.

Howsoever salutary a moisture on the skin may be on the 1st or 2d day of the attack, it is not desirable, after that period, to excite a perspiration by keeping the patient in bed, and giving him strong sudorific medicines and warm liquors, as in the case of a common catarrh. The heat,

\* Without the antimonial, if there be no peripneumonic affection; if there be, with it.

which accompanies such a sweating process, aggravates the fever, and the forced diaphoresis is constantly followed by increased languor and dejection of spirits. The recovery, under such circumstances, is extremely tedious.

Paying less attention, therefore, to the catarrhal symptoms than to the general febrile affection, (except in those few cases where peripneumonic inflammation occurs) we should avoid all accumulation of external heat; and after the 3d day, direct the patient to sit out of bed, allowing him *cool* drinks, and taking care to have the room kept *cool*, and properly *ventilated*, especially when the temperature of the atmosphere exceeds  $45^{\circ}$  of Fahrenheit's thermometer.\*

\* As the weather grew warmer, the symptoms of the Influenza in 1782, were more severe, and the recoveries more tedious: And the inhabitants of low and close situations had the disease worse than the inhabitants of high ones. In some hospital-patients, it wore a malignant aspect. See the account drawn up by Dr. Gray, from various correspondents, and inserted in the 1st Volume of the Medical Communications. In like manner, it is recorded by Sir G. Baker (on the authority of Dr. Petric) that in the neighbourhood of Lincoln the epidemic of 1762 raged with unusual violence in low situations; that is, in places where a due ventilation was wanting. Baker de Catarrho epidemico.

Whether the fever goes off entirely, or puts on an intermittent form, great languor and depression of spirits, with want of appetite, remain for many days. Contrary to what is observed in other cases of febrile debility, the Peruvian bark and mineral acids, are here of no avail. They even do harm. But infusions of the simple bitters, or a solution of myrrh, may be prescribed with good effect, especially when joined with the acetated kali, or prepared natron. This last combination agrees best with young subjects.

At this period a less restrained use of opium is admissible, in order to counteract the disturbed nights.

During the convalescence, the bowels are liable to occasional irregularity ; which, if it incline to costiveness, will require a repetition of the calomel in a smaller dose, with the addition of a grain or two of aloes.

Throughout the whole progress of the disorder, the diet should consist of mucilaginous vegetable decoctions, and of animal jellies, flavoured with subacid vegetable juices. Broths should not be allowed, as they tend to keep up an unsalutary

perspiration, and never fail to increase the head-ach, nausea, and languor.

When the disease is complicated with pulmonary inflammation, the same remedies are to be employed (the lancet, however, not quite so freely,) as in the case of a simple peripneumony; but after the removal of the local inflammation, calomel should be given in small doses, together with the saline diuretics before-mentioned, in order to counteract the morbid condition of the system at large.



## RECAPITULATION OF THE NOCENTIA

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### *THINGS HURTFUL.*

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1. BLEEDING, except in those few cases where there is evident peripneumonic inflammation.
2. FORCING OUT SWEATS by accumulation of external heat and strong sudorifics.
3. EMULSIONS, and other oily pectoral medicines.
4. LARGE DOSES OF OPIUM, in the beginning of the disorder.
5. A CLOSE AND UNVENTILATED ROOM.
6. BROTHS and warm animal decoctions.
7. The PERUVIAN BARK, in every stage of the disorder.

## AND JUVANTIA IN THIS EPIDEMIC.

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### THINGS USEFUL.

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1. THAT DEGREE of DIAPHORESIS, which either comes on spontaneously, or is consequent to the mercurial and antimonial medicine given at the beginning of the attack.

2. COPIOUS EVACUATIONS by stool.

3. BLISTERS and ÆTHER.

4. SMALL DOSES OF OPIUM (after the bowels have been acted upon) gradually increased as the fever declines.

5. PROMOTING A FLOW OF URINE by a solution of crystals of tartar.

6. A COOL AND WELL VENTILATED ROOM.

7. INFUSIONS OF THE SIMPLE BITTERS, joined with the acetated kali or prepared natron.

As many practitioners, into whose hands this pamphlet may circulate, may not have in their possession the works referred to in the first page, containing the histories of similar preceding epidemics; we here subjoin, for the use of such readers, an abstract therefrom.

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*SYMPTOMS which characterized the epidemic catarrhal fever of 1762, as it appeared in London in the beginning of April. See Baker de Catarrho Epidemico.*

Alternate chills and heat; a continual harassing cough, with or without expectoration; lassitude; headach; eyes inflamed, watery, not bearing the light; swellings of the eye-lids; frequent sneezing; hoarseness; a sense of heat and rawness along the whole course of the trachea, extending to the cartilago ensiformis. In others, a similar sensation extending from the fauces to the stomach; inflammatory angina; a sense of weight in the middle part of the chest; and, during the violence of the cough, lacerating pains between the shoulders; also, flying pains in the limbs. In

some a spitting of blood; in others a slight bleeding from the nose. These symptoms were often accompanied with considerable fever, which abated during the day-time, and increased at night. In some, however, the degree of febrile affection was so trifling, as scarcely to create thirst, or take away the appetite, or prevent sleep. All had profuse sweats, which sometimes carried off the disease; at other times rendered it milder. There was no great thirst; but the tongue was, in all instances, covered with a white mucus, as if it had been besmeared with cream. Urine high-coloured (biliosa) in the beginning, but in the progress of the disorder depositing a branny or lateritious sediment. In all, the lowness of spirits, and prostration of strength, were far greater than could be accounted for by the degree of morbid action. The recovery was, in numerous instances, exceedingly tedious, the cough, feverishness, and languor, continuing to harass the patients for several months. In some the disorder terminated fatally, after a long illness, in pulmonary consumption. Many, after their recovery, complained of a pain in the side, or in some part of

the abdomen. Pregnant women were liable to abortion or premature parturition, on being seized with this complaint, or during their recovery from it.

In others, the attack came on, with little catarrhal or peripneumonic affection, but with violent pain of the limbs and head, lassitude, and a considerable degree of fever. These patients experienced great anxiety and oppression of the præcordia, similar to what happens before the appearance of exanthematous eruptions. Such eruptions, however, were very rarely observed.—The disease usually terminated about the 4th day ; at which time an expectoration of thick mucus took place. It was an affair, however, of more difficulty and danger, when it appeared under the form of a true peripneumony, as often happened. Under this form it proved fatal to the old and intemperate, and to asthmatic people ; as well as to those who, either from negligence or necessity (as in the case of servants and labourers) exposed themselves to the cold air after the complaint had come on. The epidemic, however, was not always of an inflammatory cast : It sometimes resembled



a low fever ; at other times it appeared under the form of an intermittent, with tertian periods.

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*The Epidemic Catarrhal Fever of 1775, which appeared in London towards the end of October, was accompanied (see Dr. Fothergill's account in Medical Observations and Inquiries, vol. VI.) by the following symptoms :*

A swimming, or pain in the head ; soreness of the throat, and all over the body, with a sense of coldness, particularly in the extremities ; cough ; running at the nose ; watery eyes ; slight nausea ; a diarrhœa, in some ; more or less feverish heat ; inquietude ; pain about the chest, præcordia, and limbs ; tongue moist ; skin not remarkably hot or dry ; pulse often full, quick, and harder than might have been expected from such a temperature of the skin. Several were seized with a diarrhœa; the stools were always black, or of a deep yellow colour, and so were those for the most part which were procured by purgative medicines. In a few days every complaint abated except the cough, which continued for some time, and was exceedingly troublesome during the fore part of the

night. Those who were seized at first with very copious defluxions from the nose and fauces, or had a plentiful and spontaneous discharge of black bilious stools, or made large quantities of high-coloured urine, or sweated profusely of their own accord, a night or two after the seizure, soonest grew well. In many instances the disease assumed the type of an intermittent towards its decline. Many who neglected themselves, and went abroad with the distemper upon them, frequently got additional colds, and brought on a fever of the most dangerous kind. A few died phrenetic. Ancient asthmatic persons were great sufferers; a peripneumonic fever gradually came on, which often terminated fatally. It likewise proved fatal to several very young children.

The same Epidemic is thus described by the late Dr. Heberden :

In some it began with a sickness and perpetual vomiting, which were the forerunners of a severe degree of this illness. In others the first symptoms were sneezing and a copious defluxion from the nose and eyes; these suffered much less, and were sooner recovered. Many complained of a

hoarseness and sore throat, and of a tightness, oppression and heat of their breasts, and of feeling pain in various parts, particularly in their heads, sides and backs. Almost every one of these patients was afflicted with a racking cough, with a sense of coldness frequently returning upon them ; with a failure of appetite and of sleep, and with a languor and weakness, much greater than might have been expected from the effects of any of the other symptoms. The degree of fever was seldom great. Two persons had eruptions resembling that of a scarlet fever. In two or three young men the disorder was increased to a dangerous height, and became a true peripneumony, attended with bloody phlegm, and manifestly requiring frequent bleedings, by which they were much relieved. Towards the middle or end of this illness, a few were attacked with intolerable stitches in their sides or loins, so that for 2 or 3 days they were confined almost to the same posture ; and if they were necessitated to change it, they shewed all the marks of exquisite pain. Lighter cramps in the legs and arms were not uncommon at the going off of this malady. The

violence of the disease usually began to abate in 5 or 6 days.

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*The last historical abstract we have to offer, is that of the Epidemic Catarrhal Fever of 1782, which prevailed in the months of May and June. The symptoms, as described by Dr. Gray, from accounts transmitted by various correspondents (See Medical Communications, Vol. I) were as follow :*

Chilliness and shivering, sometimes succeeded by a hot fit, and alternating with it for some hours; languor and lassitude; sneezing; discharge from the nose and eyes; pain in the head; cough, sometimes dry, sometimes with expectoration; inflammation of one or both eyes; oppression and tightness about the præcordia; difficulty of breathing; pain in the breast or side; pain in the loins, neck, shoulders or limbs; sense of heat and soreness in the throat and trachea; hoarseness; bleeding from the nose; spitting of blood; loss of smell or taste; nausea; flatulence.—Watery blisters about the upper parts of the body; swellings in the face and other parts, attended with considerable soreness, appa-

rently erysipelatous; and others of a different nature, forming abscesses in various parts (sometimes in the parotid and axillary glands.) In a few instances, a very painful swelling of the abdomen seemed to constitute the most disagreeable symptoms of the disorder. A scabby eruption about the nose and lips was not uncommon; and in some cases, a miliary eruption, or one like the chicken pox, at the close of the disorder. Abscesses in the ears, in a few instances. In some the catarrhal symptoms were very slight, or entirely wanting, the disorder in those cases being like a common fever. The pain in the breast or side (which in most cases seemed symptomatic\*) was in some the principal complaint, and had the appearance of genuine peripneumony or pleurisy, with every mark of inflammatory diathesis. In a

\* This symptom has occurred in the present epidemic, and is, towards the end of the complaint, frequently of a spasmodic nature. A gentleman in great practice has informed me, that he has removed it by giving æther and opium internally, and applying externally the linimentum ammoniæ, using at the same time friction with flannel. A blister had been applied at the beginning of the attack. It is not to be doubted, however, that this symptom is, even towards the end of the disorder sometimes of an inflammatory nature. R. P.



few of these cases the pleuritic symptoms were preceded by those of inflammatory angina; and there were observed some instances of the last-mentioned disorder, which terminated in suppuration of the tonsils.—In others there were remarked evident signs of a tendency to putrefaction, and in one case the disease seems to have put on the form of a nervous fever. The tongue was generally white, but moist; skin hot and dry in the beginning, but a perspiration usually came on before many hours were past, even where no means were used to excite it. Restless and disturbed nights, frequently with delirium, which in general did not continue long; in some cases, however, it was the most alarming symptom of the disorder. Pulse quick, but in various degrees; in the milder attacks, it did not exceed 100; in the violent forms of the disorder, it was frequently 120, or more; in the beginning it was often full, but very seldom hard; sometimes it was intermittent. The state of the bowels did not, in general, differ much from that of health;\* as the weather grew warmer, the fever

\* In this respect there was a remarkable difference between

became remittent, and in some cases intermittent; those who were attacked later from the time of its first appearance, had the disorder more severely, and were longer ill. The most general form was that of a catarrh, and the great debility which followed its attack, and the rapidity with which the symptoms came on, seem to have been its most remarkable characters.

It appeared that very small distances sometimes made great alterations both in the character and universality of the disease; even where there was no apparent difference with respect to situation: and it was observed by several, that the inhabitants of low situations were more generally and more violently affected, than the inhabitants of high ones.

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P. S. In mentioning the use of the squill, I have omitted to notice that it did not seem to

the Influenza of 1782 and the disorder which is now so prevalent. Almost universally there is more or less disturbed action of the bowels in the present Epidemic. R. P.

agree, until the heat of the skin and frequency of the pulse were abated; in other words, not till after the decline of the fever.

THE END.

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TO BE HAD OF THE PUBLISHERS HEREOF,

(BY THE SAME AUTHOR)

*OBSERVATIONS*

ON THE

BILIOUS FEVER

OF

1797, 1798, and 1799.

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